



InsureKidsNow.gov



Engaging and Enrolling:
Countering the Chilling Effect of “Public Charge” to
Help Eligible Children get Medicaid and CHIP
Coverage

Webinar:
October 13, 2021
2:00pm EST

Agenda

- Health Coverage Trends for Latino Children
 - Kelly Whitener, Georgetown University McCourt School of Public Policy's Center for Children and Families
- CMS & DHS Guidance on Public Charge Safeguarding Beneficiary Information
 - Amanda Baran, Department of Homeland Security
 - Sarah Lichtman Spector, Center for Medicaid & CHIP Services, Centers for Medicare & Medicaid Services
- The Chilling Effects of the Public Charge and What to Do About It
 - Patrick Bresette, Children's Defense Fund – Texas
- New Resources for Enrollment Outreach
 - Jenn Kerr, Connecting Kids to Coverage National Campaign
- Questions and Answers



Georgetown University
Health Policy Institute
CENTER FOR CHILDREN
AND FAMILIES

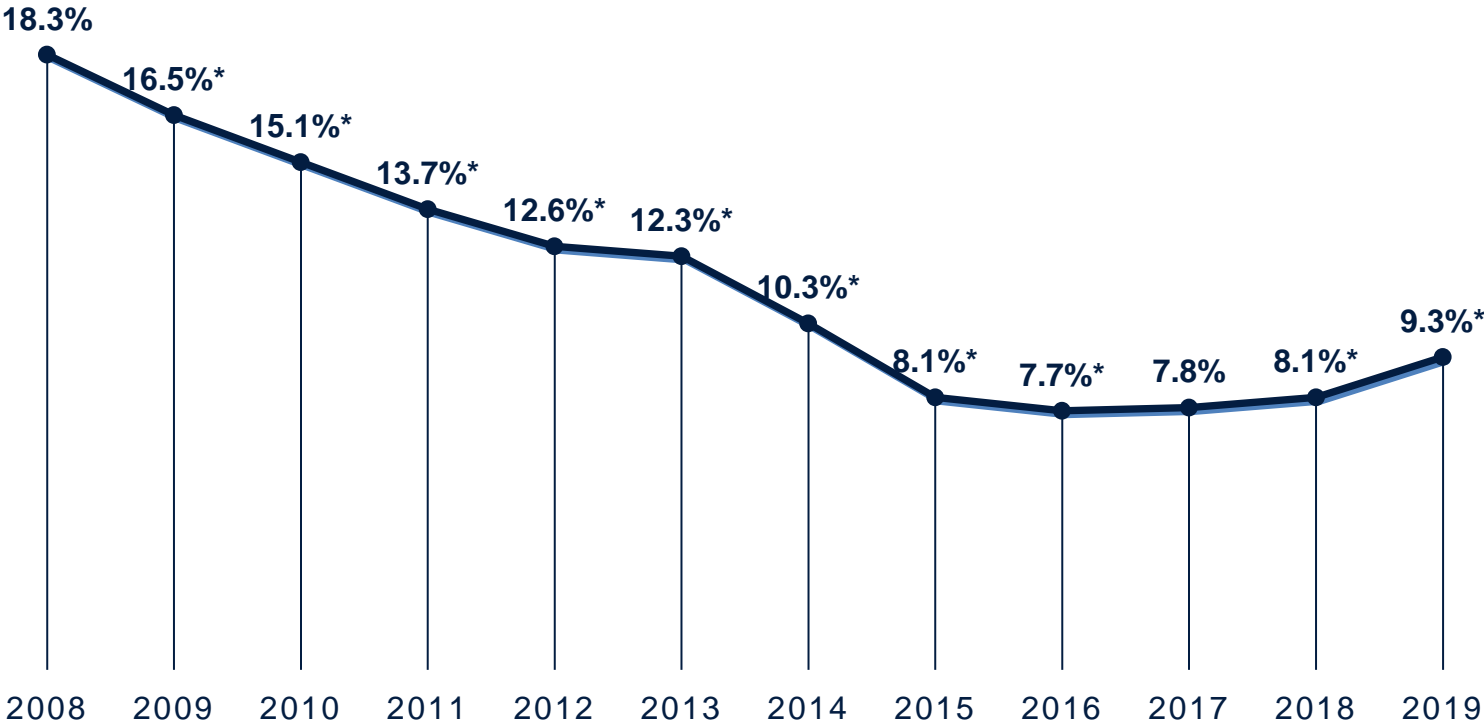
Health Coverage Trends for Latino Children

Kelly Whitener, JD/MPH
Associate Research Professor



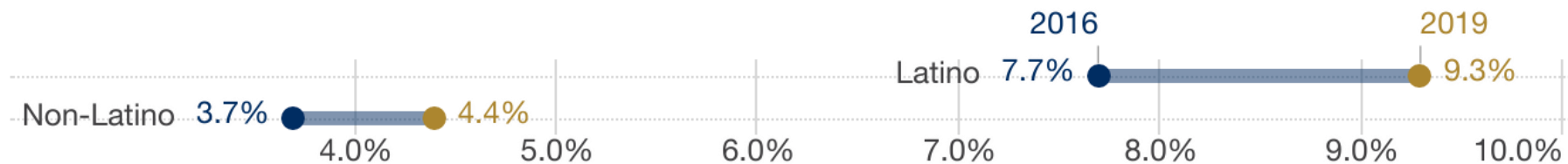
Progress Covering Latino Children Reversed Course 2016-2019

LATINO CHILD UNINSURED RATE, 2008-2019



Children refers to all those under the age of 19.
* Indicates statistical significance at the 90% confidence level relative to the prior year indicated.
Source: Georgetown CCF analysis of US Census Bureau American Community Survey data Integrated Public Use Microdata Set (IPUMS) and Public Use Microdata (PUMS).

Coverage Disparities Widened

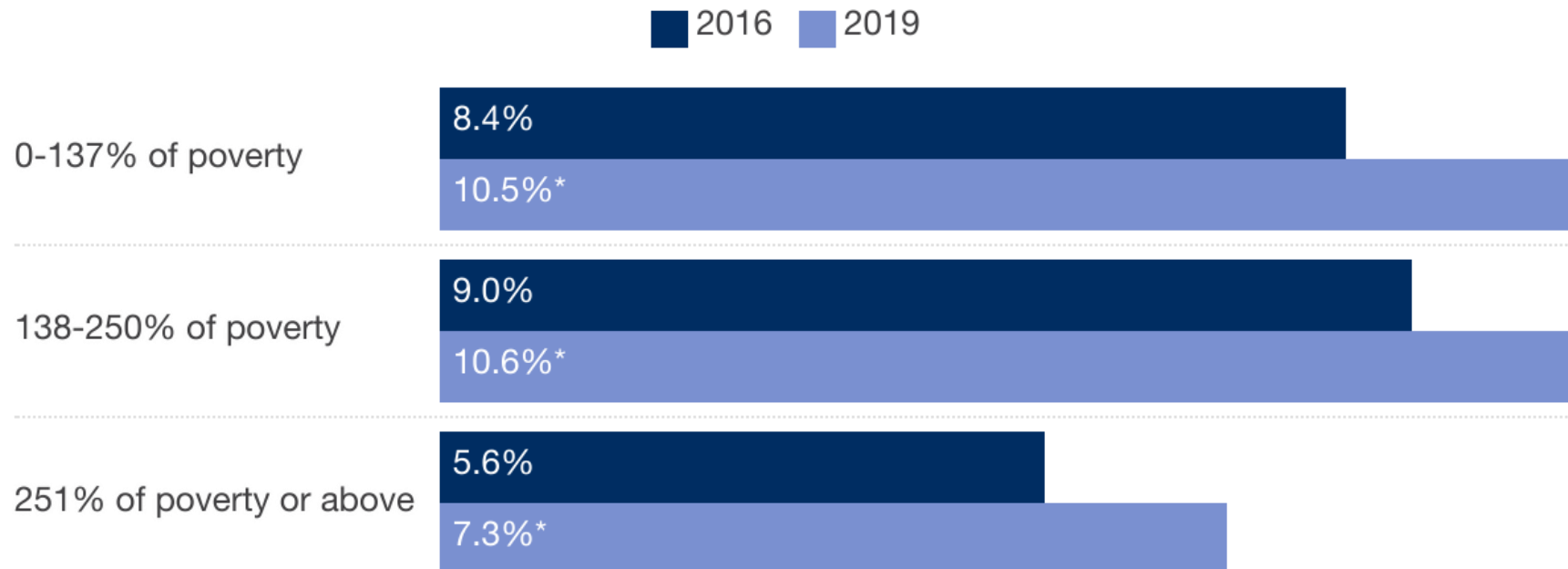


Latino children are more than
2x as likely
to be uninsured than non-Latino children,
with an uninsured rate of 9.3%
compared to 4.4% in 2019.

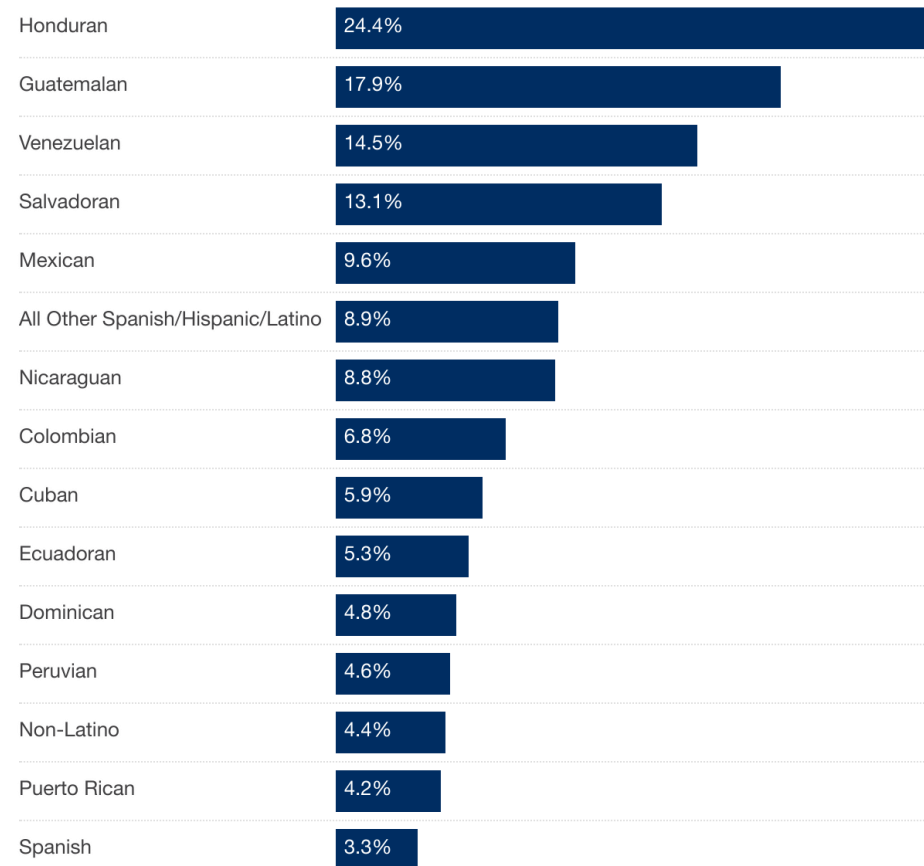
School-aged Latino Children More Likely to be Uninsured

Age	2016	2019
Under 6	5.3%	6.6%*
6-18	8.7%	10.5%*

Sharpest Increase in Uninsured Rate for Lowest Income Latino Children



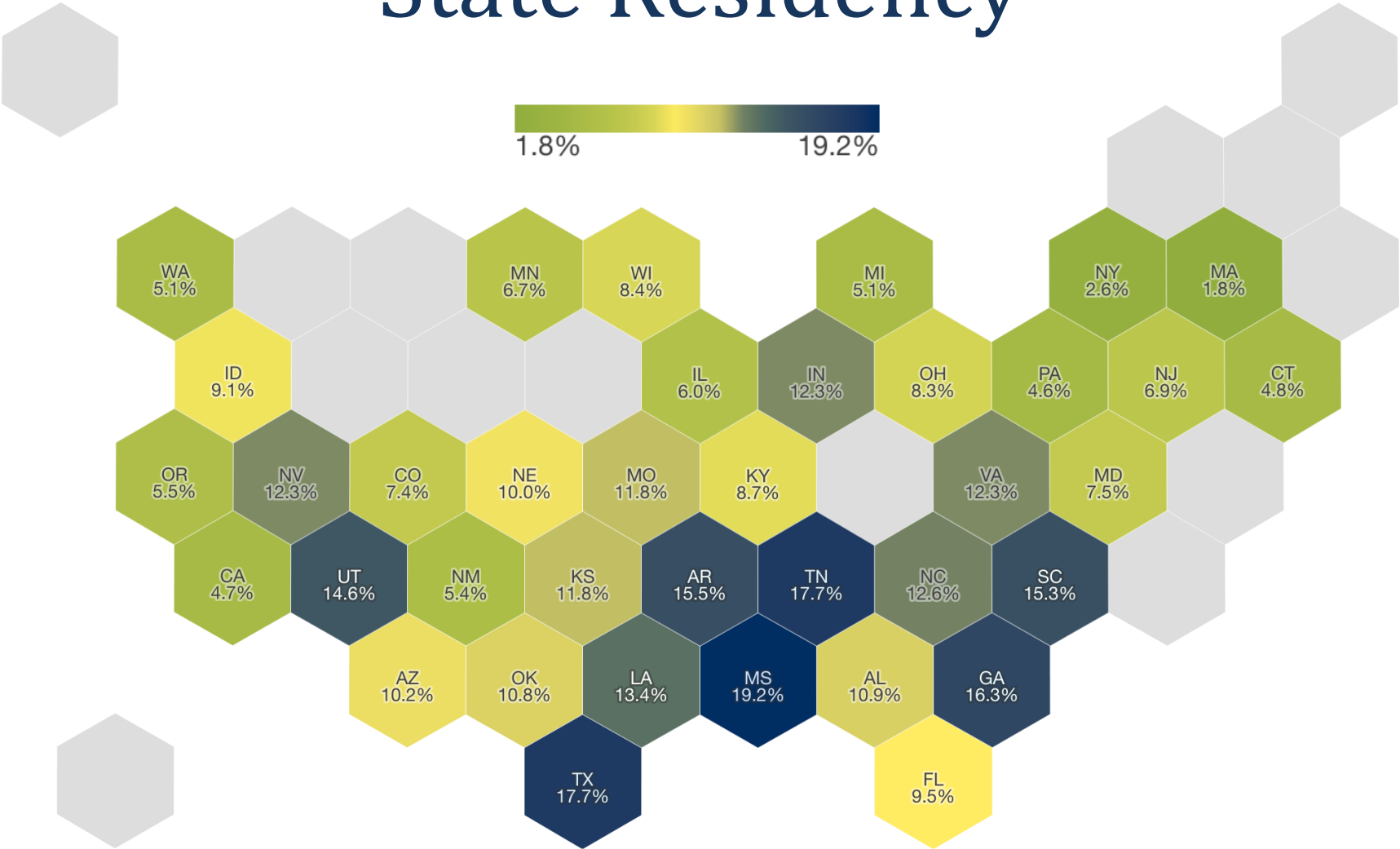
Latino Child Uninsured Rates by Detailed Ethnicity, 2019



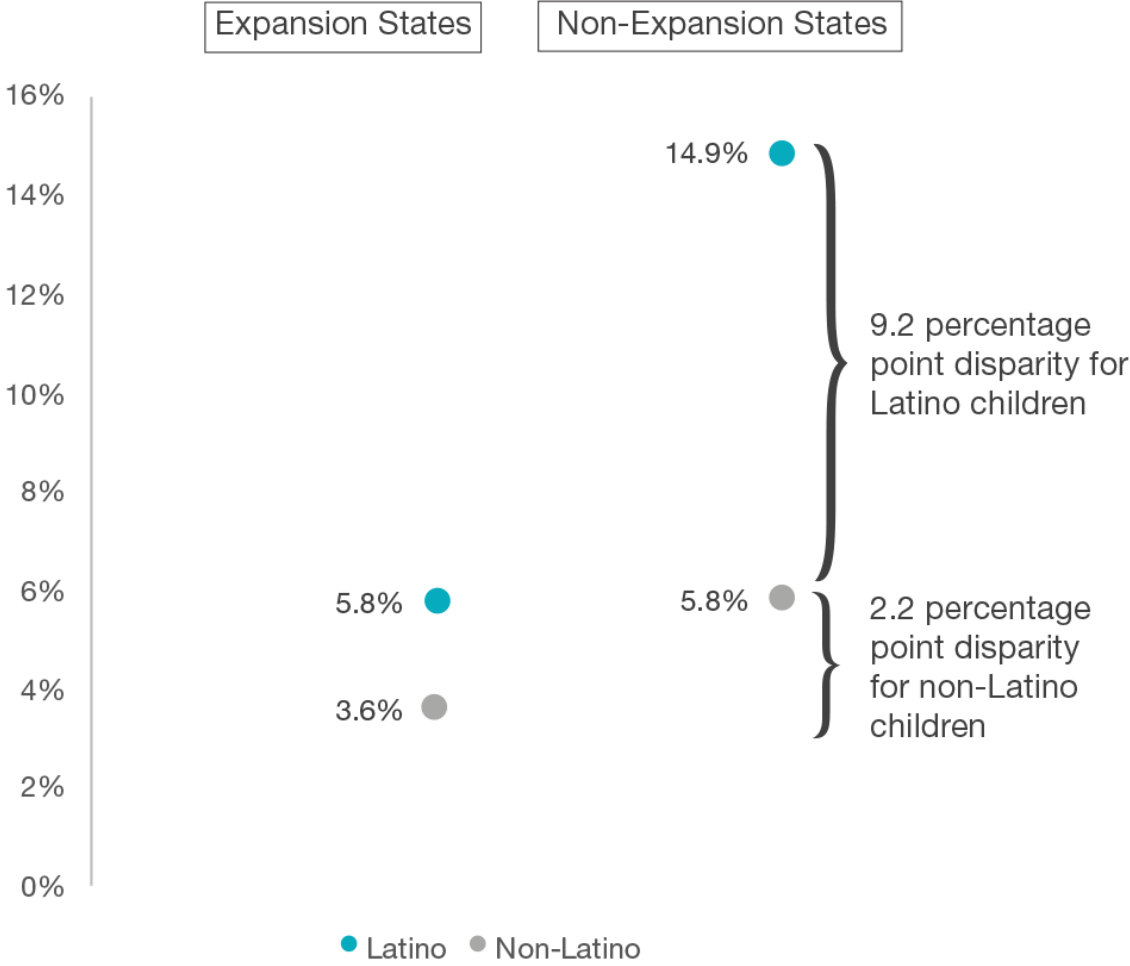


Factors Associated with Higher Uninsured Rates

State Residency



State Residency



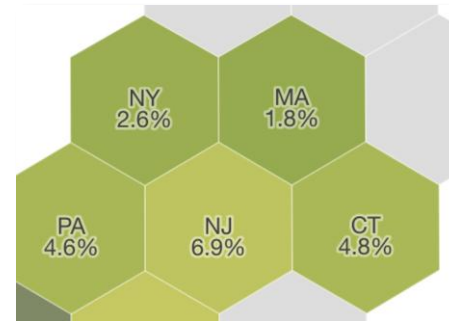
State Residency

Top 7 States Where Dominican Children Live

Dominican Children	
New York	37.5%
New Jersey	16.7%
Florida	10.6%
Pennsylvania	7.8%
Massachusetts	7.8%
Connecticut	2.9%
Rhode Island	2.4%

Dominican children have one of the lowest uninsured rates for Latino children: **4.8%**

Dominican children are likely to live in **New York** or **New Jersey**, where the Latino child uninsured rate is **lower** than the national average.



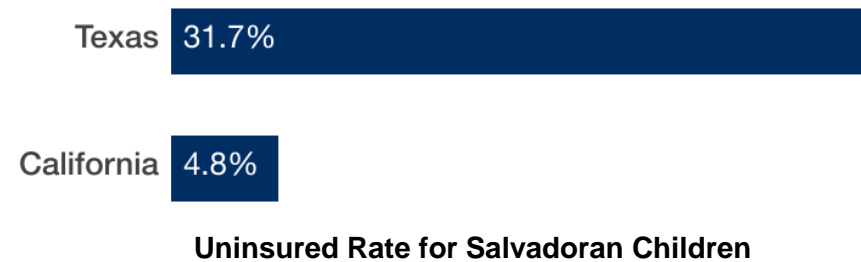
State Residency

Top 7 States Where Salvadoran Children Live

Salvadoran Children	
California	25.7%
Texas	16.0%
Maryland	10.8%
Virginia	8.6%
New York	8.2%
Massachusetts	3.5%
New Jersey	3.3%

Salvadoran children are most likely to live in **California** or **Texas**.

But the uninsured rate for Salvadoran children in Texas is **6.6x** the rate in California.



State Residency

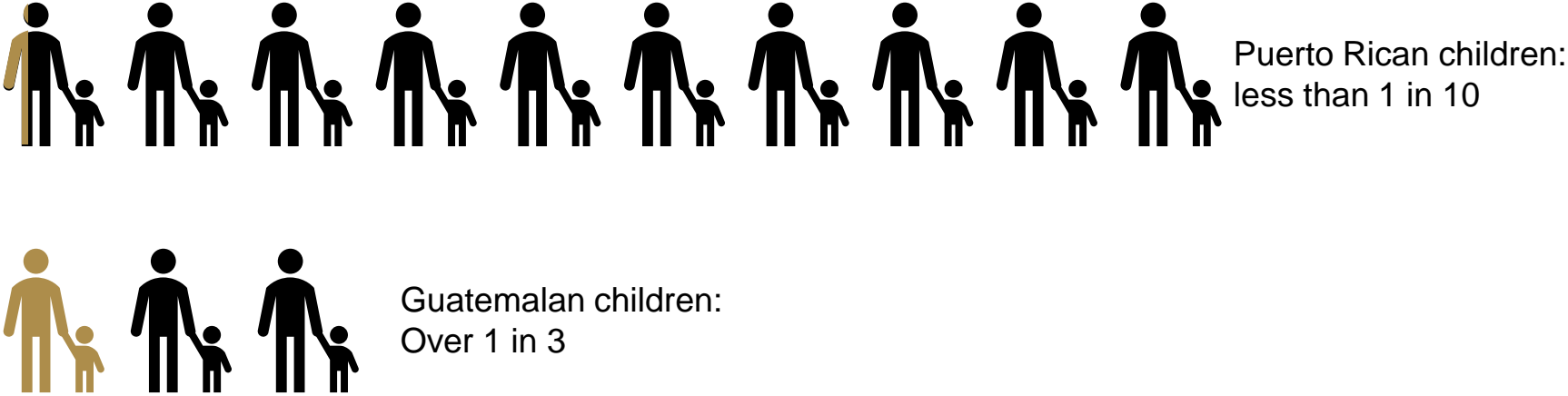
Nearly a quarter of Honduran children are uninsured nationally, the highest of all Latino subgroups studied, increasing significantly from 18.2% in 2016.

This may be driven by very high uninsured rates for Honduran children in Texas (**34.3%**) and Florida (**20.7%**), where almost a third of Honduran children live.



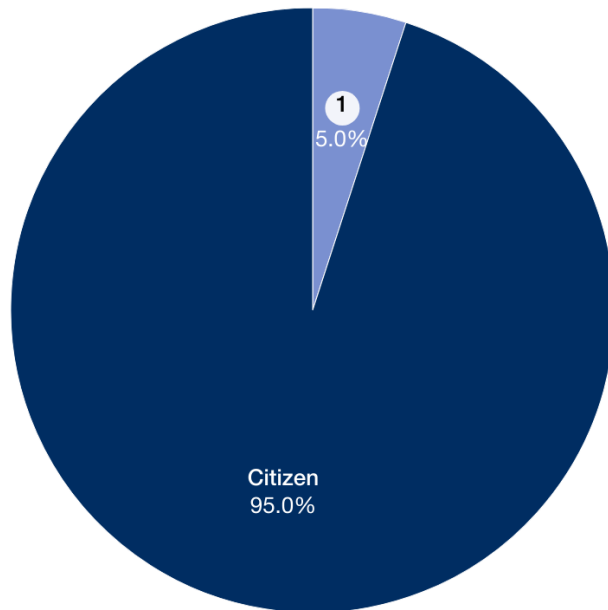
Language Access

Share of Children with Parents who are English Language Learners

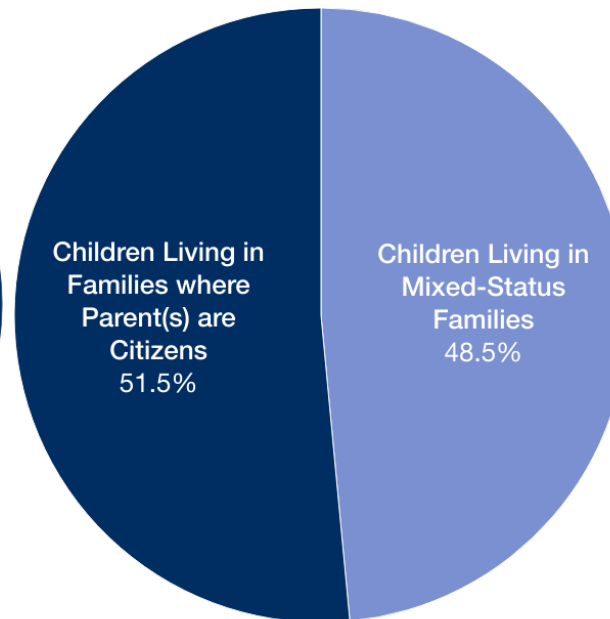


Citizenship Status of Parents

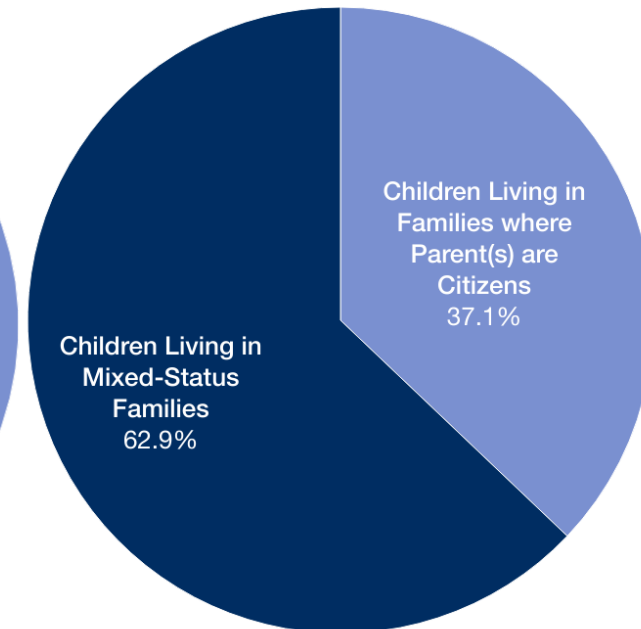
Citizenship Status of Latino Children



Familial Citizenship Status of Citizen Latino Children



Familial Citizenship Status of Uninsured Citizen Latino Children



1 Non-Citizen

Sources

- Getting Back on Track: A Detailed Look at Health Coverage Trends for Latino Children, CCF, 2021
 - <https://ccf.georgetown.edu/2021/06/08/health-coverage-trends-for-latino-children/#heading-9>
- Expanding Medicaid Would Help Close Coverage Gap for Latino Children and Parents, CCF and UnidosUS, 2021
 - <https://ccf.georgetown.edu/2021/06/29/expanding-medicaid-would-help-close-coverage-gap-for-latino-children-and-parents/>

DHS Guidance on Public Charge and Safeguarding Beneficiary Information



Amanda Baran

Chief of Policy and Strategy
U.S. Citizenship and Immigration Services
Department of Homeland Security

Public Charge and Policy

For more information, please visit:

- [Public Charge Letter from DHS](#)
- [Public Charge Resources from DHS](#)
- [Public Charge Ground of Inadmissibility Proposed Rule and Comment Period](#)

CMS Guidance on Public Charge and Safeguarding Beneficiary Information



Sarah Lichtman Spector

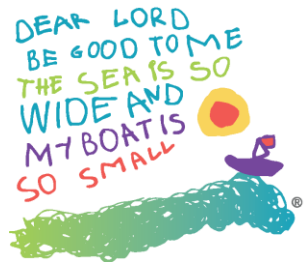
Director, Division of Medicaid Eligibility Policy
Center for Medicaid & CHIP Services

Centers for Medicare & Medicaid Services

Public Charge and Safeguarding Beneficiary Information

For more information, please visit:

- [Public Charge and Safeguarding Beneficiary Information](#)



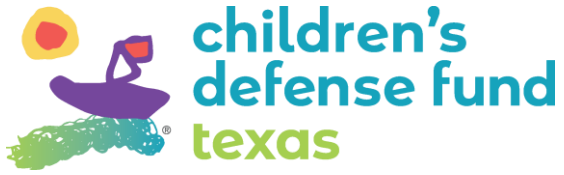
children's
defense fund
texas

Healthy Children =
Healthy Communities

The Chilling Effect of Public Charge and What to Do About it

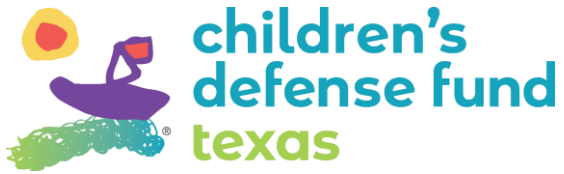
Patrick Bresette, CDF-
Texas Executive Director





Ensuring a Healthy Start for Texas Children

- The CDF-Texas' Healthy Children = Health Communities project helps to ensure a Healthy Start for Texas children, so that every child can have access to affordable, comprehensive health and mental health coverage and the care they need to grow and thrive.
- **We meet children and families where they are and work with partners who families trust.**
- Collaborating with schools, businesses, churches, clinics, child care providers, libraries, WIC clinics and other community partners.
- Providing community-based education and training about affordable coverage options for children and families.
- We have teams of Community Health Workers in the lower Rio Grande Valley and rural East Texas.



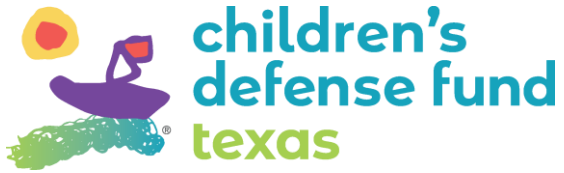
CDF-Texas released this report in early 2020 after interviewing 32 organizations from across Texas who provide services to low-income families. We documented what they shared about the impact of Public Charge on the immigrant communities they serve. And we sought their advice on how best to address the challenge.

https://cdftexas.org/wp-content/uploads/sites/8/2021/01/Public-Charge-and-Private-Dilemmas_report_020.pdf

Public Charge and Private Dilemmas:

Key Challenges and Best Practices for Fighting the Chilling Effect in Texas, 2017-2019





Public Charge and Private Dilemmas:

Key Challenges and Best Practices for Fighting
the Chilling Effect in Texas, 2017-2019

In July of 2019, Maria Hernandez was on the phone with a colleague from another organization. She typed a few numbers into a spreadsheet, and hit enter on a calculation.

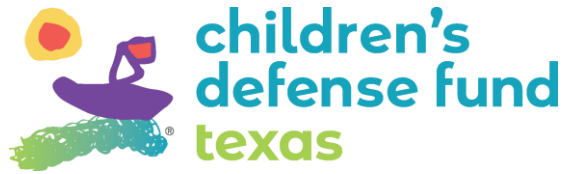
“Oh, wow,” she murmured. “Can that be right?”

“What does it say?” asked the colleague. Hernandez checked the numbers and tried the calculation again. Same answer.

“Eighty percent,” Hernandez said.

“Did you say eighty?” asked the colleague. “Like eight-zero?”

“Yeah, eighty. That is... quite a bit worse than I had expected,” Hernandez said.

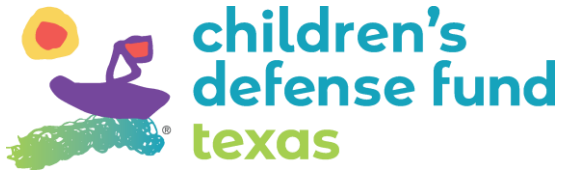


Public Charge and Private Dilemmas:

Key Challenges and Best Practices for Fighting
the Chilling Effect in Texas, 2017-2019

Hernandez is the founder and Executive Director of an organization in Austin, TX, called VELA, which provides assistance, support, and training to immigrant families who have children with disabilities.

The number Hernandez had calculated during that phone call in July, 2019, was the “year-over-year” change in families enrolled in SNAP; that is to say, 80 percent fewer VELA families were enrolled in SNAP in the summer of 2019 than had been in the summer of 2018.

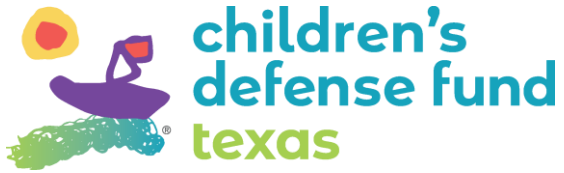


Public Charge and Private Dilemmas:

Key Challenges and Best Practices for Fighting the Chilling Effect in Texas, 2017-2019

Background:

Texas has the highest child uninsured rate in the nation. In 2019 our rate was 12.7 percent – more than twice the national average of 5.7 percent. When these numbers are disaggregated for race and ethnicity, it becomes apparent that there are broad disparities. Hispanic children, for example, have an uninsured rate of 17.5 percent, while Black and White (non-Hispanic) children have 8.5 and 8.3 percent uninsured rates, respectively.

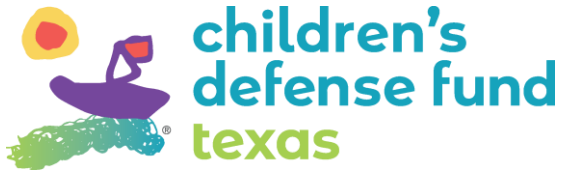


Public Charge and Private Dilemmas:

Key Challenges and Best Practices for Fighting
the Chilling Effect in Texas, 2017-2019

Background:

In January 2017, news emerged about possible changes to an immigration test called the “public charge” that would radically expand the public charge test and change the definition of what constitutes a “public charge.” This threw both immigrant communities and immigration rights advocates into a state of alarm and confusion.



Public Charge and Private Dilemmas:

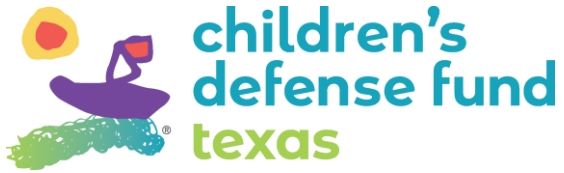
Key Challenges and Best Practices for Fighting
the Chilling Effect in Texas, 2017-2019

Background:

The final rule did not count a dependent's use of public benefit programs against a green card applicant, as previous drafts had threatened. That is to say, children who are enrolled in benefits (Medicaid or SNAP, for example) would not negatively affect their parent's application.

By the time the new public charge regulation went into effect, to many low-income immigrants, it didn't really matter what the regulation actually said.

Slowly but perceptibly, families started backing away from the programs for which they, and in much greater numbers, their children, were eligible. Advocates called this withdrawal "the chilling effect."

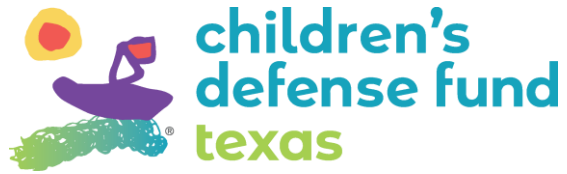


Public Charge and Private Dilemmas:

Key Challenges and Best Practices for Fighting
the Chilling Effect in Texas, 2017-2019

Background:

In late 2017, the Texas Health and Human Services Commission's (HHSC) monthly data reports started indicating rapidly dropping enrollment numbers in both CHIP and Medicaid. By mid-2019, the data showed that within a 17-month period (December 2017-April 2019) Texas had lost about six percent of its enrollment in CHIP and Children's Medicaid – more than 200,000 children. **By February of 2020, the total had grown to 237,000 children, representing a seven percent decline in enrollment since December 2017.**

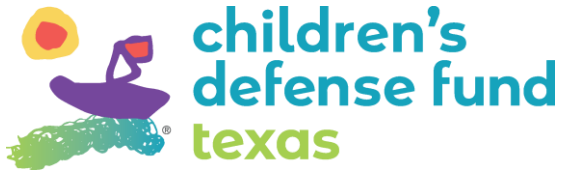


Public Charge and Private Dilemmas:

Key Challenges and Best Practices for Fighting
the Chilling Effect in Texas, 2017-2019

Findings:

“From El Paso to Tyler, from McAllen up to Dallas and Fort Worth, people who work in the world of public benefits were resoundingly clear: it is the withdrawal among families of mixed immigration status that caused the enormous drop in enrollment across a variety of public benefits, beginning in late 2017.”

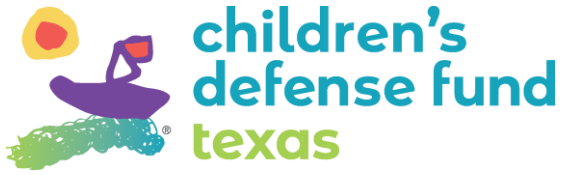


Public Charge and Private Dilemmas:

Key Challenges and Best Practices for Fighting the Chilling Effect in Texas, 2017-2019

Findings:

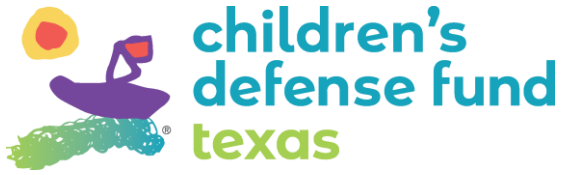
“As stated at the beginning, VELA in Austin, whose membership is 85 percent immigrant families, saw an **80 percent drop in SNAP-enrolled families**. ECHOS in Houston, whose clientele are 99 percent below poverty line and 82 percent mixed status families, saw **declines of 42 percent in Children’s Medicaid enrollment, 42 percent in adult Medicaid and CHIP-Perinatal enrollment, and a 37 percent drop in SNAP enrollment**, from 2017 through 2019. And Foundation Communities, which does ACA Marketplace enrollment, saw a disproportionately large drop-off in immigrant clients (16.9 percent) versus the decline in non-immigrant clients (5.4 percent) from open enrollment periods for the 2018 and 2019 insurance years. That is to say, **their immigrant client base declined 68 percent more than their non-immigrant clients**.



inhibiting factors and best practices

Inhibiting Factors:

1. Limited reassurance from HHSC on Public Charge
2. Conflicting messages between public benefit advocates and immigration attorneys
3. Fear of personal data collection
4. Inadequate training and education on Public Charge

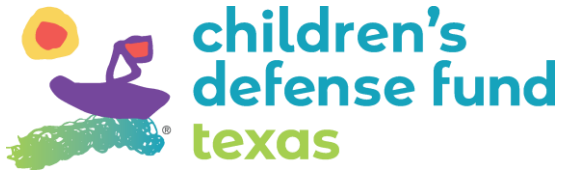


inhibiting factors and best practices

Best Practices:

1. **Staff Training:** comprehensive and repeated staff education

“Before the training, my staff and I were constantly googling questions, and very uncertain about whether we were giving good information. After the training, we felt a lot more confident knowing that our program wouldn’t affect our students, and knowing that there are agencies and organizations we can refer our students to if they need more help.”



inhibiting factors and best practices

Best Practices:

2. Providing resources and hand-outs to families

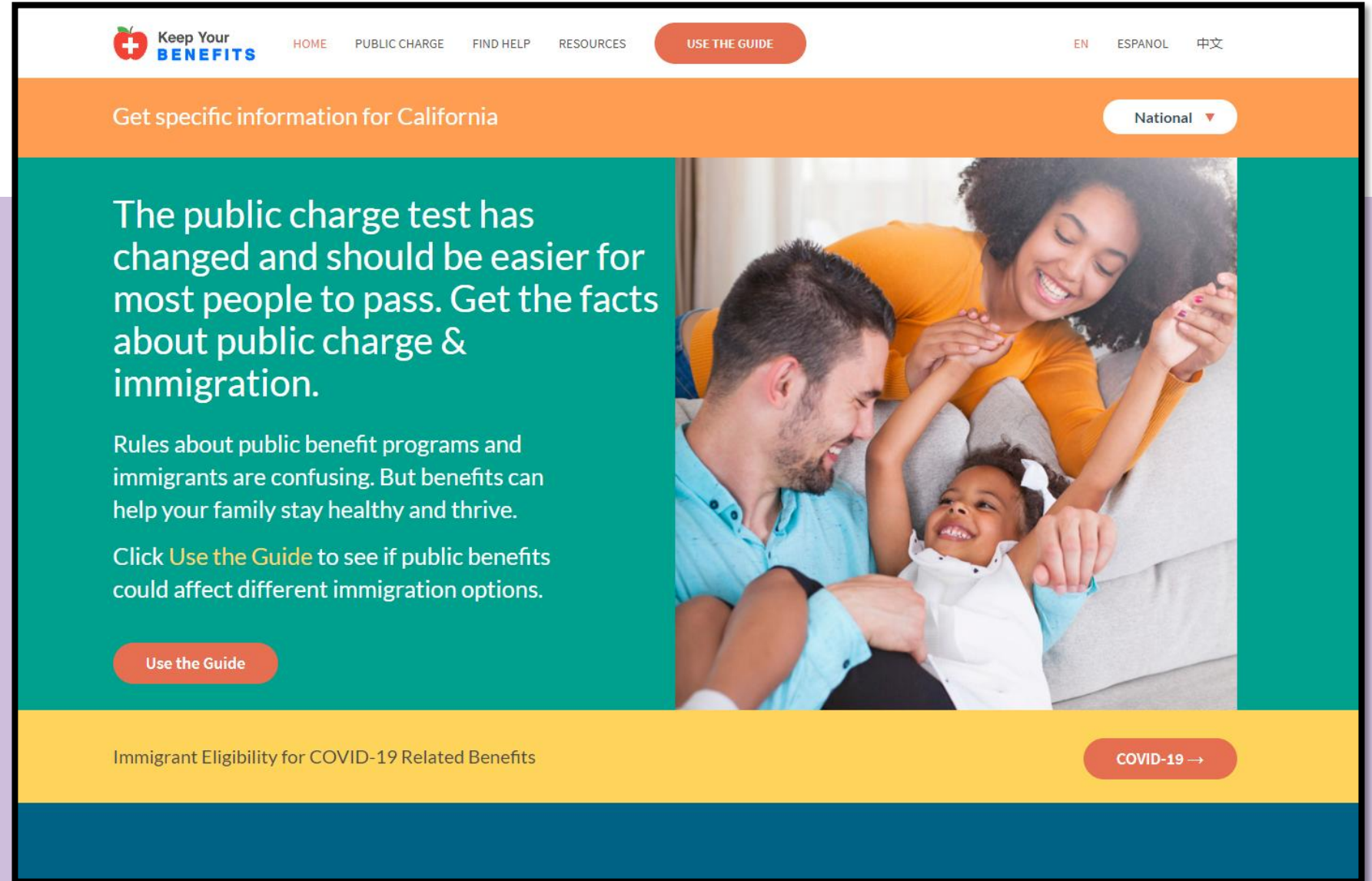
The Protecting Immigrant Families (PIF) campaign churned out resources that were informed by both policy experts and community service providers. One-page resources, flyers, and posters all helped communicate the core message of safety to families sitting in waiting rooms or in the enrollment process.

Know Your Rights

NOTE: As of March 9, 2021, the Trump-era Department of Homeland Security public charge regulations no longer exist or apply. All materials on this page have been updated to reflect current public charge policy guidance that went into effect in March 2021. This guidance makes it clear that the use of most public benefits programs, such as health, nutrition, and housing programs, will not have an impact on an individual's immigration status. That includes, especially, testing, vaccination, and care for COVID-19.

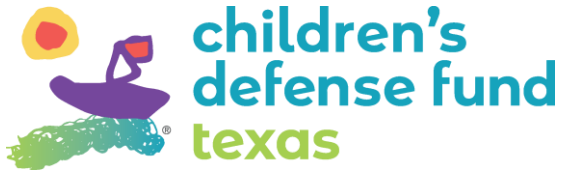
The Protecting Immigrant Families (PIF) coalition is dedicated to providing community-facing materials on public charge to better equip immigrants with what they need to make the best decision for themselves and for their families.

- [The ABCs of Public Charge](#) – Use this guide to answer questions according to the ABCs of public charge: who public charge APPLIES to, which BENEFITS are considered, and the totality of CIRCUMSTANCES. (PIF)
- [KNOW YOUR RIGHTS! Top 5 Facts About Public Charge](#) – Top messages to share with immigrant communities on the recent changes to public charge (PIF)
[العربية](#) | [汉语](#) | [Kreyòl ayisyen](#) | [한국어](#) | [Español](#) | [Tiếng Việt](#) | [Français](#) | [Tagalog](#)
- [What Should I Know When Enrolling My Children in Public Benefits?](#) – Use this guide to help answer commonly asked questions about how to make good decisions for your family and their health (PIF)
[العربية](#) | [汉语](#) | [Kreyòl ayisyen](#) | [한국어](#) | [Español](#) | [Tiếng Việt](#) | [Français](#) | [Tagalog](#)
- [Public Charge: Does This Apply to Me?](#) – How public charge will impact you based on your



The screenshot shows the website's header with navigation links: HOME, PUBLIC CHARGE, FIND HELP, RESOURCES, and a prominent USE THE GUIDE button. Language options for EN, ESPAÑOL, and 中文 are also visible. Below the header, an orange bar contains the text "Get specific information for California" and a "National" dropdown menu. The main content area features a teal background with a large headline: "The public charge test has changed and should be easier for most people to pass. Get the facts about public charge & immigration." This is followed by a sub-headline: "Rules about public benefit programs and immigrants are confusing. But benefits can help your family stay healthy and thrive." and a call to action: "Click Use the Guide to see if public benefits could affect different immigration options." A "Use the Guide" button is positioned below this text. To the right of the text is a photograph of a smiling family (a man, a woman, and a child) sitting together. At the bottom of the teal section, a yellow bar contains the text "Immigrant Eligibility for COVID-19 Related Benefits" and a "COVID-19" button with a right-pointing arrow.

<https://keepyourbenefits.org/en/na/>

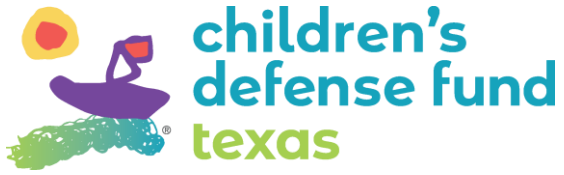


inhibiting factors and best practices

Best Practices:

3. Partnerships, Collaboration, Outreach

A third best practice that organizations relied upon to continue reaching eligible families is the development of **community partnerships and collaborations**. These partnerships enable the public service sector to reach more deeply into their community, ease the difficulty families have in accessing particular locations, or reduce the number of “errands” a family has to run in order to feed, clothe, and care for their children. As immigrant families have increasingly withdrawn from public life, and feel fear about entering certain locations, **these partnerships have been successful at continuing outreach and enrollment efforts that otherwise would have languished.**

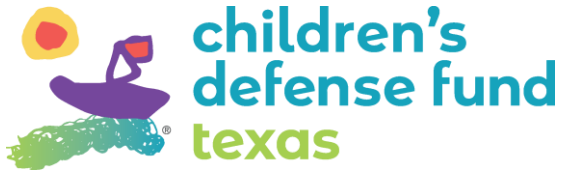


inhibiting factors and best practices

Best Practices:

4. Relentless Empathy

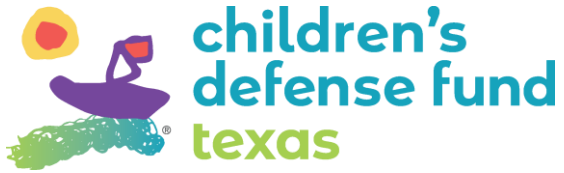
Empathy and persistence are intangible qualities, but without question these are best practices. Any enrollment system is rife with opportunities to slip through the cracks, fail to understand, miss deadlines, or receive incorrect determinations. When the system has been altered to make access even more difficult the problem grows even worse. **An empathetic enrollment assister must also be relentless, because that very bureaucracy demands it of them.** In the course of this research, there was no way to quantify the qualities and characteristics of an enrollment worker who goes the metaphorical extra mile to assist their clients, and yet it emerged repeatedly as a definitive best practice for helping families confront their fear and misinformation, get enrolled and stay enrolled.



inhibiting factors and best practices

*“Our success is rooted in personal contact, personal relationships. We see this person has a need, and we’re going to help because we care. **And I think when you are honest, people can just read that in you, and they’ll trust you and refer people to you.** I wish everybody could see that. We are dealing with people’s lives. It’s not numbers, or enrollments. It’s people’s lives. And they say, ‘I would’ve never done it. I don’t know how to read or how to write, I just never would’ve done this.’”*

— Graciela Camarena, Children’s Defense Fund TX188



What Comes Next?

The Biden administration's reversal of recent changes to public charge was a critical first step. More needs to be done, however, to combat mistrust of health care and insurance enrollment. . . Given [the] continued confusion and mistrust, **we need a robust public information campaign deployed by trusted messengers to clarify to vulnerable households what public charge really is** and who is subject to the rules. Dispelling disinformation will help immigrant families regain trust in the health system and once again seek out care. **This is essential not only for immigrant families but for the health of the United States.** We will not fully emerge from COVID-19 without ensuring all communities, particularly those that have been hardest hit by the pandemic, are willing and able to access necessary health services and care.

<https://www.commonwealthfund.org/blog/2021/can-changing-public-charge-rule-improve-health-and-lives-children>

Connecting Kids to Coverage National Campaign Resources



Jenn Kerr

Outreach Contractor, Connecting Kids to Coverage National Campaign

Porter Novelli Public Services



Multicultural Resources

- Print materials
 - Updated Infographic
 - Template newsletter articles
 - Palmcards & posters in 16 languages
- Online materials
 - Social media posts
 - Facebook and Twitter graphics

Learn more about Multicultural Outreach at [InsureKidsNow.gov](https://www.insurekidsnow.gov).



Current Priorities

School-Based Outreach
Remind families and teachers that access to health care prepares kids for school and extracurricular activities; encourage them to take advantage of year-round enrollment.

Kick into coverage with Medicaid and CHIP.
#Enroll365

InsureKidsNow.gov

A graphic showing a young boy in an orange shirt and blue shorts kicking a soccer ball on a green field. The background is light blue.

Healthy Kids Are Better Students

Children with health insurance are more likely to complete high school and graduate college compared with their peers who don't have access to care. Medicaid and the Children's Health Insurance Program (CHIP) provide children with the care they need so they're better prepared to learn and less likely to miss school because of illness.

Did you know?
Your child may qualify for free or low-cost health coverage through Medicaid or CHIP.

Who is eligible?
Children up to age 19 in a family of four earning up to \$50,000 a year or more may qualify. Eligibility requirements vary by state and are based on household size and income.

WHAT HEALTH BENEFITS DO MEDICAID AND CHIP COVER?

- ✓ Check-ups and regular doctor visits
- ✓ Dentist visits
- ✓ Mental health services
- ✓ Eye exams
- ✓ Emergency doctor and hospital visits
- ✓ Vaccinations (including seasonal flu vaccine)
- ✓ Prescriptions
- ✓ And more!

WHY IS HEALTH COVERAGE CRITICAL FOR STUDENTS?

Vision Issues Affect Learning

- About 10% of preschoolers and 25% of kids in grades K-6 have vision deficiencies.
- Many kids are also misdiagnosed with learning disabilities when they actually have undetected vision problems!

Good Oral Health Keeps Kids In School

Millions of school hours are lost each year due to dental-related illness that could have been avoided with preventive care!

WHO USES MEDICAID AND CHIP?

More than **36.6 million** children enrolled in Medicaid and CHIP.

Percentage of students (ages 6-18) that receive health coverage through Medicaid and CHIP:

- 37% of all students
- 79% of students living in poverty

Percentage of eligible children who are school-aged:

- 87%

Almost 2 out of 5 school-age children received the health coverage through Medicaid and CHIP in 2016.*

Go to InsureKidsNow.gov or call 1-877-KIDS-NOW (543-7669) to learn more about affordable health coverage for your family.

InsureKidsNow.gov

Current Priorities

Flu Vaccines & Missed Care
Encourage families to enroll in Medicaid and CHIP so they can access flu vaccines and continue to encourage families to use enrollment benefits to catch up on missed vaccinations and well-child visits.

Make the call!
Schedule an appointment to catch up on missed vaccinations and care to ensure your kids are protected.
#Enroll365

Give your children a shot to stay healthy this flu season.

THE SEASONAL FLU IS A DANGEROUS VIRUS THAT IMPACTS EVEN THE HEALTHIEST OF CHILDREN.

52K+
Approximately 52,000+ children hospitalized during the 2019-2020 flu season, 52,000+ of which were sick.¹

400K+
Approximately 400,000+ missed vaccinations.²

80%
Approximately 80% of the kids who died from flu were not vaccinated.³

WE CAN ALL PROTECT THE HEALTH OF OUR CHILDREN.

4 WAYS TO STOP THE SPREAD:

1. Avoid anyone who's sick.
2. Cover coughs and sneezes.
3. Wash and sanitize hands.⁴
4. Get the flu vaccine.⁵

EVERY KID SIX MONTHS OR OLDER SHOULD RECEIVE THE FLU VACCINE.*

2 COMMON TYPES OF VACCINES FOR KIDS:⁶

- shot
- nasal spray

It takes about 2 weeks to provide protection.⁷

Covered by Medicaid and CHIP.

REST EASIER THIS FLU SEASON AND ALL YEAR LONG.

Your kids up to age 19 may qualify for free or low-cost health coverage through Medicaid and the Children's Health Insurance Program (CHIP).

Visit InsureKidsNow.gov or call 1-877-KIDS-NOW (543-7669) to learn about coverage in your state.

Once covered, visit VaccineFinder.org to find the nearest location for your shot.

1. CDC, "Flu Hospitalizations and Deaths in Children Aged 0-17 Years - United States, 2019-2020," <https://www.cdc.gov/mmwr/mmwr.mm69.e01.html>, 2020. 2. CDC, "Missed Vaccinations Among Children Aged 19 Years and Younger - United States, 2019-2020," <https://www.cdc.gov/mmwr/mmwr.mm69.e02.html>, 2020. 3. CDC, "Flu Hospitalizations and Deaths in Children Aged 0-17 Years - United States, 2019-2020," <https://www.cdc.gov/mmwr/mmwr.mm69.e01.html>, 2020. 4. CDC, "Flu Hospitalizations and Deaths in Children Aged 0-17 Years - United States, 2019-2020," <https://www.cdc.gov/mmwr/mmwr.mm69.e01.html>, 2020. 5. CDC, "Flu Hospitalizations and Deaths in Children Aged 0-17 Years - United States, 2019-2020," <https://www.cdc.gov/mmwr/mmwr.mm69.e01.html>, 2020. 6. CDC, "Flu Hospitalizations and Deaths in Children Aged 0-17 Years - United States, 2019-2020," <https://www.cdc.gov/mmwr/mmwr.mm69.e01.html>, 2020. 7. CDC, "Flu Hospitalizations and Deaths in Children Aged 0-17 Years - United States, 2019-2020," <https://www.cdc.gov/mmwr/mmwr.mm69.e01.html>, 2020.

InsureKidsNow.gov

New Animated Videos!

- Highlight benefits covered & catching up on care with Medicaid and CHIP
- Available in English and Spanish
 - Flu :15
 - Dental Health :15
 - Mental Health :15
 - School Smiles for School :15
- Additional videos available on website



Outreach Tool Library

Visit the Outreach Tool Library for more Campaign materials like **ready-to-print posters** and **palmcards** or **social media posts**, **text messages**, **GIFs**, **videos**, and more.



InsureKidsNow.gov

- The website for Campaign information and resources

 | **InsureKidsNow.gov** **Resources** Q Search | Get Email Updates | En Español
1-877-KIDS-NOW (1-877-543-7669)

Find Coverage for Your Family ▾ **Campaign Information** ▾ **Outreach Tool Library** ▾ **Webinars & Videos** ▾ **Campaign Notes eNewsletter** ▾ **Initiatives** ▾

Millions of children and teens qualify for free or low-cost health and dental coverage through Medicaid & the Children's Health Insurance Program (CHIP).

[Learn about coverage options](#) for your family or help us [spread the word](#) about free or low-cost health insurance coverage!



Keep in Touch

Interested in learning more about the Campaign and its resources?

- Email us: ConnectingKids@cms.hhs.gov
- Follow us on Twitter: [@IKNgov](https://twitter.com/IKNgov)
- eNewsletter sign up: [“Campaign Notes”](#)



Questions?